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October 31, 2008

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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TEMPORARY

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

FORM D

Mail Precessing Section

OCT 3 DROOM

UNIFORM LIMITED OFFERING EXEMPTION Weshington, DC Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A-1 and Series B-1 Preferred Stock Financing 101 Rule 504 Rule 505 X Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Infrastruct Security, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 713-721-9732 747 N. Shepherd Drive, Suite 800 Houston, TX 77007 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Security consultant and provider Type of Business Organization other (please x corporation limited partnership, already formed limited partnership, to be formed business trust 08063482 Month 0 6 Actual or Estimated Date of Incorporation or Organization: 0 6 X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

CN for Canada; FN for other foreign jurisdiction)

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et sea, or 15 U.S.C. 77d(6),

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

L							A. BASIC IDI	ENTI	FICATION DATA				
2.	En	ter the i	nformation	reque	sted for the fo	llowin	g:						
	•	Each	promoter o	f the i	issuer, if the is	suer h	as been organized w	ithin 1	the past five years;				
	•	Each	beneficial (owner	having the pov	ver to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	fa clas	s of equity securities of the issuer.
	•	Each	executive (officer	and director	of corp	orate issuers and of	corpo	rate general and man	naging	partners of	f partne	ership issuers; and
	•	Each	general an	d man	aging partner	of part	nership issuers.						
Che	ck B	Box(es)	that Apply:		Promoter		Beneficial Owner	x	Executive Officer	х	Director		General and/or Managing Partner
Ful	l Nar	me (Las	t name firs	t, if in	idividual)								
ler	ick F	Henley											
_			idence Ade	dress	(Number and	Stree	t, City, State, Zip Co	ode)					
74	7 N.	Shepher	d Drive, Su	ite 800	Houston, TX	77007							
_			that Apply:		Promoter		Beneficial Owner	x	Executive Officer		Director		General and/or Managing Partner
Ful	Nat	me (Las	t name firs	t, if in	idividual)						·		
Ga	len F	ischer											
					(Number and Houston, TX 7		t, City, State, Zip Co	ode)					
_			that Apply:		7 Promoter		Beneficial Owner		Executive Officer	x	Director		General and/or
Circ	CK L	JUX(CS)	шас Арріў.	ا ا		ليا	Deneticial Owner	ليا	Executive Officer	IX.	Director	Ц	Managing Partner
Ful	l Nai	me (Las	t name firs	t, if in	idividual)								
J, I	David	d Brown											
					(Number and Houston, TX		t, City, State, Zip Co	ode)			-		
Che	eck E	Box(es)	that Apply	: [Promoter		Beneficial Owner		Executive Officer	x	Director		General and/or Managing Partner
Ful	l Nai	me (Las	t name firs	t, if in	dividual)	-							
Jos	eph F	F. Lovett											
			idence Ad		(Number and		t, City, State, Zip Co	ode)					
_			that Apply		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Ful	l Nai	me (Las	t name firs	t, if in	ndividual)	-		_					
		E. Murpi											
Bus	sines	s or Res	idence Ad	dress	(Number and	Stree	t, City, State, Zip Co	ode)		-			
74	7 N.	Shepher	d Drive, Sui	tc 800	Houston, TX 7	7007							
Che	eck E	Box(es)	that Apply	: [Promoter		Beneficial Owner		Executive Officer	x	Director		General and/or Managing Partner
Ful	l Na	me (Las	t name firs	t, if ir	ndividual)								
		Репту											
Bu	sines	s or Re	sidence Ad	dress	(Number and	i Stree	t, City, State, Zip Co	ode)					<u> </u>
					Houston, TX								
Ch	eck E	Box(es)	that Apply	: [Promoter	Ü	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Ful	l Na	me (Las	t name firs	t, if ir	ndividual)				- 51				

(Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address

A, BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Beneficial Owner Executive Officer Director Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) MVP Growth Equity Fund II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Greenbay Ventures III, LLC 1100 Louisiana, Suite 5005 Houston, TX 77002 General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Murphree Venture Partners VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Greenbay Ventures III, LLC 1100 Louisiana, Suite 5005 Houston, TX 77002 Director General and/or Beneficial Owner Executive Officer Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Jem-Security Business or Residence Address (Number and Street, City, State, Zip Code) c/o Jemison Investments Co., Inc. 2001 Park Place, Suite 320 Birmingham, AL 35203 General and/or ☐ Director Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Louisiana Fund I, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Louisiana Technology Center, Louisiana State University, Building 340 East Parker Street Baton Rouge, LA 70803 General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Director Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B, II	NFORMATI	ON ABOU	T OFFER	NG					
									Yes	No \square				
I.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							***************************************		X				
2.	What is	the minim	um investn			* *		_				s		
۷.	W Hat 15	the minim	um mvesm	iciii tiiai w	iii oc accc	pica nom a	my marvia	uar:	•••••••		***************************************	Yes	No	
3.	Does the	e offering	permit join	ownershi	p of a sing	le unit?					***************************************	X		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	l Name (i	Last name	first, if indi	vidual)										
N/A	inage of	Pasidanca	Address (N	umber and	Street Ci	ty State 7	in Code)							
Dus	illiess of	Residence	Address (IV	unioer and	i Silect, Ci	ity, State, 2	np Code)							
Nar	ne of Ass	sociated Br	oker or De	aler								-		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check "All States" or check individual States)										☐ All States			
	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	Ш	ID	
			IA)	KS	KY	LA	ME	MD	MA	MI	MN	MS	мо	
	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA)	wv	[WI]	WY	PR	
Ful	l Name (Last name	first, if ind	ividual)			***							
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						<u></u>	
Nai	me of Ass	sociated Bi	oker or De	aler		 <u>-</u>							****	
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	s" or check	individual	States)							☐ All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
		LIN.	IA	KS	KY	LA	ME	MD	MA	ML	MN	MS	MO	
	MT	NE	NV	NH	NI	NM	NY	NC	ND	ОН	OK.	OR	PA.	
	RL	SC	SD	TN	TX	UT	VT	VA	WA	wv	[WI]	WY	PR	
Ful	l Name (Last name	first, if ind	ividual)				,					····	
Bus	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)							
Naı	me of As	sociated B	roker or De	aler		<u></u>	·		<u> </u>				<u></u>	
<u></u>	A	data Persi	Listed Ha	· Caliaita	or Intend	to Soliait	Durchases							
Sta												☐ A	II States	
		AK	ΑZ	AR	CA	CO	CT.	DE	DC	EL.	GA	Ш	Œ	
	AL IL	IN		KS	KY	LA	ME	MD	MA	MI	MN	MS	MΩ	
	MT	NE	NY	NH	NI	NM	NY	NC	ND	ОН	OK.	OR	PA	
	D1	90	[sp]	TN	TX	UT	VT	VA	WA	wv	$\overline{\mathrm{WL}}$	WY	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box x and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt			\$
	Equity	7,020,762.81	_	\$ 6,020,762.87
	☐ Common 🛕 Preferred			
	Convertible Securities (including warrants)		_	\$
	Partnership Interests		_	\$
	Other (Specify)		_	\$
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$_6,020,762.87
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if ming under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	s
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs	[s
	Legal Fees		x	\$_100,000
	Accounting Fees			s
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			s
			_	€ 100,000

	C. OFFERING PRICE, NUMB	EER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — o proceeds to the issuer."			\$ <u>6,920,762.81</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$ _	s
	Purchase of real estate] \$	
	Purchase, rental or leasing and installation of mac and equipment	hinery] \$. 🗆 \$
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assessuer pursuant to a merger)	ets or securities of another] \$. 🗆 \$
	Repayment of indebtedness] \$	
	Working capital] \$	x \$ 6.920.762.8
	Other (specify):] \$	\$
] \$. 🗆 s
	Column Totals] \$	\$ 6,920,762.81
	Total Payments Listed (column totals added)		920,762.81	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commiss	ion, upon writte	ule 505, the follow on request of its st
ss	uer (Print or Type)	Signature D	ate	
Inf	astruct Security, Inc.		10-11-0	8
Na	me of Signer (Print or Type)	Title of Signer (Print of Tripe)		
	ck Henley	President		